City

State or Country

Zip Code

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## DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

As a below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name;

that I believe I am the original, first and sole inventor (if only one name is listed below) or an original and first inventor (if plural inventors are named below) of the subject matter of this application which is entitled: VIEWING DEVICE

the specification of which [check one(s) applicable] X was filed 01 April 2003 as PCT International Application No./U.S. Application No. PCT/GB03/01420 and was amended by Amendment filed (if applicable); [or]; is attached to this Declaration, Power of Attorney and Power to Inspect; that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment referred to above: and that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 56(a) [37CFR§1.56(a)]. CLAIM UNDER 35 U.S.C. §119: I hereby claim foreign priority benefits under 35 USC §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application of which priority is claimed: Prior Foreign Application(s) Filing Date **Priority Claimed** Application No. Country Day-Mo-Year Yes - No 0207630.5 Great Britain 02 - 04 - 2002 POWER OF ATTORNEY: As inventor, I hereby appoint the practitioners associated with Customer No. 000110 as my attorneys or agents with full power of substitution to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Vincent T. Pace, Reg. No. 31,049 and Stephen H. Eland, Reg. No. 41,010 POWER TO INSPECT: I hereby give DANN, DORFMAN, HERRELL AND SKILLMAN, P.C. of Philadelphia, PA or its duly accredited representatives power to inspect and obtain copies of the papers on file relating to this application. SEND CORRESPONDENCE TO: CUSTOMER NUMBER 000110 **DIRECT INQUIRIES TO: Vincent T. Pace** Tel.: 215-563-4100 Fax: 215-563-4044 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. SOLE OR FIRST JOINT INVENTOR SECOND JOINT INVENTOR (if any) Full Name Full Name Middle Middle Last First Last Signature Signature Date Date Cambridgeshire Residence GREAT BRITAIN Residence State or Country City State or Country Citizenship\_ **GREAT BRITAIN** Citizenship\_ Post Office Address: Post Office Address: Galewood End, Hinton Way, Great Shelford Cambridge, Cambridgeshire GREAT BRITAIN CB2 5AN